Prior Authorization Criteria for the Dipeptidyl Peptidase Inhibitors (DPP4s) – Januvia, Janumet, Onglyza, Kombiglyze XR, Tradjenta

Background

The Dipeptidyl Peptidase Inhibitors (DPP4s) includes sitagliptin alone or in combination with metformin (Januvia, Janumet), saxaglitazone alone or in combination with metformin (Onglyza, Kombiglyze XR) and linagliptin (Tradjenta). DPP-4 inhibitors are indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes melitis in multiple clinical settings. DPP4s should not be used to treat type 1diabetes or diabetic ketoacidosis, as they would not be effective in these settings.

The following criteria were established by the DoD Pharmacy & Therapeutics (P&T) Committee. These criteria have an automated component, based on review of prescriptions filled using the DoD pharmacy benefit at retail network pharmacies, military treatment facilities, or the Mail Order Pharmacy.

Prior Authorization Criteria for Dipeptidyl Peptidase Inhibitors (DPP4s)

Coverage is approved if the patient has a diagnosis of type 2 diabetes mellitus AND meets one of the following criteria:

1. Has not achieved adequate glycemic control on at least ONE of the following
   - metformin (alone or in combination)
   - a sulfonylurea (alone or in combination)
2. Has experienced any of the following adverse events while receiving metformin: impaired renal function that precludes treatment with metformin or a history of lactic acidosis.
3. Has experienced the following adverse event while receiving a sulfonylurea: hypoglycemia requiring medical treatment.
4. Has a contraindication to BOTH meformin and a sulfonylurea.

Automated review is performed based on prior metformin or sulfonylurea prescriptions, dispensed during the previous 180 days at a Military Treatment Facility (MTF), a retail network pharmacy, or the mail order pharmacy.

Criteria approved through the DoD P&T Committee process November 2010

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